



WASHINGTON COUNTY
PTO DONATION FORM

Employee Name

Department

I hereby donate _____ hours of PTO to:

_____ an employee in the

_____ Department.

I grant my authorization to have this amount deducted from my PTO balance. I understand that this authorization is strictly voluntary and is irrevocable and these hours will not be restored to my leave balance.

Employee Signature

Date of Donation

Dept. Manager Signature

Date

For Washington County Payroll Use Only

Payroll Signature

Payroll week ending PTO was transferred